

**APPLICATION FOR REGISTRATION
OF TIME SHARE
ACQUISITION AGENT**

FOR OFFICE USE

Received _____
Accepted _____
Reg. No. _____

1. Name of applicant _____

2. Address _____ Phone _____

3. Applicant is: ☐ individual ☐ corporation ☐ limited liability company (LLC)
☐ partnership ☐ joint venture ☐ limited liability partnership (LLP)

Name of officers/partners/members/managers

Title

Address

Registered with the State Business Registration Division as a :

- ☐ corporation ☐ partnership ☐ joint venture ☐ LLC ☐ LLP

Date of registration _____

4. Responsible managing employee(s)

<i>Name</i>	<i>Address</i>	<i>Phone</i>
<i>Name</i>	<i>Address</i>	<i>Phone</i>
<i>Name</i>	<i>Address</i>	<i>Phone</i>

NOTE: Describe duties, functions, etc., of RME(s) on a separate sheet.

5. Applicant's attorney _____
Name

_____ Mailing Address (include suite no. & zip code) Phone

6. Time share property or plan

a. Name _____

b. Location _____

c. Developer _____
Name

_____ Mailing Address (include suite no. & zip code) Phone

d. Reg. No. _____

7. Developer escrow account established at _____
Name

_____ Mailing Address (include suite no. & zip code) Phone

_____ Account No. Date Established

8. The following questions apply to the applicant and/or its partners, officers, directors, members, managers, real estate broker (if applicable), and RME(s):

a. In the past twenty years, have you been convicted of a crime in which the conviction has not been annulled or expunged, in this State or in any other state? ☐ YES ☐ NO
If "yes," provide information on the date, place and type of conviction on a separate sheet.

b. Was any license, in this State or any other state, suspended or revoked at any time? ☐ YES ☐ NO
If "yes," in what state(s) _____ and briefly describe on a separate sheet.

c. Is there any administrative action pending against you in this State or any other state? ☐ YES ☐ NO
If "yes," in what state(s) _____ and briefly describe on a separate sheet.

d. Was any application for license denied in this State or any other state? ☐ YES ☐ NO
If "yes," in what state(s) _____ and briefly describe on a separate sheet.

e. Have any complaints or charges ever been filed against you, regardless of outcome, in this State or any other state? ☐ YES ☐ NO
If "yes," in what state(s) _____ and briefly describe on a separate sheet.

I hereby certify that the statements and answers on this application and accompanying documents are true and correct. I understand that any misrepresentation shall constitute grounds for refusal or subsequent revocation of license. (Section 710-1017, Hawaii Revised Statutes)

_____ Date

_____ Signature of Applicant

_____ Print Name and Title

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INSTRUCTIONS & INFORMATION

1. An applicant shall not submit this form to the Department unless the time share plan with which the applicant is affiliated has been accepted for registration by the Director.
2. The Director will not receive this application unless the applicant has completed every statement in the application and the application is accompanied by the material specified in Section 16-106-4(b), Hawaii Administrative Rules, Time Sharing.
3. The Director will act upon this application within 60 days after receipt of a complete application.
4. If the applicant is a corporation, partnership, joint venture, limited liability company (LLC), or limited liability partnership (LLP), the applicant must designate a responsible managing employee (RME).
5. Please attach payment of registration fees in the amount specified in Section 16-53-40.3, Hawaii Administrative Rules, *Fees Relating to Boards and Commissions*, as follows:

Acquisition Agent:	\$50 application (<i>nonrefundable</i>)
	\$50 registration
	\$35 Compliance Resolution Fund

The above-prescribed fees shall be paid in the form of a check payable to "*Department of Commerce and Consumer Affairs.*"

6. Mail or deliver all required items to:

Time Share Program
Department of Commerce and Consumer Affairs
1010 Richards Street, P. O. Box 3469
Honolulu, Hawaii 96801